

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35970

State File No.

NOV 12 1943

Registration District No. 340

Primary Registration District No. 4503

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bernie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Janice Dell Durham

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 4-29-1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 6 hr. min.

9. Birthplace Bernie Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

12. Name John R. Durham

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Victoria Ogelsie

15. Birthplace Wayne County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Ogelsie

(b) Address Bernie, Missouri

17. (a) Burial (b) Date thereof 10-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell Missouri

19. (a) 10-13-43 (b) Cordie Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Bernie
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5
year 1943 hour — minutes 2:30 P. M.

21. I hereby certify that I attended the deceased from Oct 4
1943, to Oct 5 1943
that I last saw him alive on Oct 4 1943
and that death occurred on the date and hour stated above.
Immediate cause of death illness

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death) 119a1

Major findings: Of operations ✓

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Augustine (Date, month, year)

Address Missouri Date signed Oct 4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1143-1413

Date Filed 11-11-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.